

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 196Registered No. 409

1. PLACE OF BIRTH

County Gila State Arizona

District or Township _____ or Village _____

City Miami No. 66 Davis Canon St. _____ Ward _____2. Full name of child Nellie Johnson Stewart (If birth occurred in a hospital or institution, give its NAME instead of street and number) If child is not yet named, make supplemental report, as directed.3. Sex of Child Female To be answered ONLY in event of plural births. 4. Twin, triplet or other. _____ 5. No., in order of birth. _____ 6. Legitimate? yes 7. Date of birth June 23-1930 Month Day Year

8. FATHER

Full name Charles B. Stewart9. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

10. Color or race Cauc.11. Age at last birthday 63 (Years)12. Birthplace (city or place) Milwaukee Wis. (State or country)13. Occupation Foreman Machine shop Nature of Industry mining

14. MOTHER

Full maiden name Elizabeth Bissett15. Residence (Usual place of abode) Miami, Arizona

If non-resident, give place and state.

16. Color or race Cauc.17. Age at last birthday 43 (Years)18. Birthplace (city or place) Milwaukee Wis. (State or country)

19. Occupation

Nature of Industry Housewife20. Number of children of this mother 7 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 5 (b) Born alive but now dead 2 (c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE *

I hereby certify that I attended the birth of this child, who was born alive at _____ m. on the date above stated. (Born alive or stillborn)

*When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature Cyril M. Brown M.D.

(Physician or midwife.)

Given name added from a supplemental report.

Month, day, year

Address Miami, ArizonaFiled June 30 1930

Registrar.

Registrar.

523-623-523

each in order of birth stated.